Beginning Recovery

A GUIDE FOR THOSE AFFECTED BY DRUG OR ALCOHOL ADDICTION
– individuals, their families, friends and colleagues

Beginning recovery – A guide for those affected by drug and alcohol addiction

Written by
Dr Andrew Parker
Member of the Royal College of Psychiatrists
Winthrop Hall

with contributions from
Dr Luke Mitcheson
Consultant Clinical Psychologist
Winthrop Hall

Preface

Most of us know somebody who has a drug or alcohol problem. However, probably very few of us feel confident that we know how best to help that person when the habit gets out of hand and needs treatment.

This brief guide offers practical advice and information, which we hope will ease the way to obtaining appropriate treatment for substance misuse, as well as helping those close to them to be supportive and helpful for recovery.

We hope that the guide will be useful to those who have an alcohol or drink problem, and to those close to them, such as partners, family, friends and colleagues. It is written by professionals in treatment of drug and alcohol addiction, with input by addicts in recovery and their friends and families. We hope it is the guide they wished they had years ago when they were in crisis or seeking treatment.

Contents

Drug and alcohol misuse – introduction

Harmful use or addiction – what's the difference?

Taking any drug (including alcohol and nicotine) into the body for its effects on the mind or how you feel can lead to harmful use. Many of these 'psychoactive substances' can also lead to addiction, sometimes called 'dependency'.

Harmful use: When people do not have the full dependence syndrome (see opposite), but continue to use the psychoactive substance despite clear damage to their physical or mental health or to their social, occupational or family life.

1. Harmful use of alcohol

Greg drank only at weekends, but he would drink from Friday until Sunday evening, and be drunk for much of each weekend. He thought there was no problem – after all, he always sobered up and went to work on Monday morning. That was until he was charged with common assault whilst drunk. Following conviction, he lost his job as a schoolteacher. His partner, who had been telling him for two years that he drank excessively, threatened to leave him. Greg did not see himself as an 'alcoholic', but just as a 'guy who went out for a few beers'. But he began to see that alcohol was ruining his life.

Harmful use of substances often has a 'binge pattern', as in the example of Greg above. Sometimes people who practise harmful use of drugs or alcohol can resolve the problem without formal treatment, by using self-help techniques such as those in the section on Beginning the change (page 16). However, when self-help has failed, and adverse consequences keep occurring, then professional help is strongly recommended. If there are few or no features of dependence, then it may be possible for the person to control their use. For some people, a period of abstinence will be the safer goal.

Dependence syndrome: When someone has become dependent on drugs or alcohol, they have lost control over how they use the substance, and, depending on the particular substance, if they stop or reduce their intake they may experience physical symptoms of withdrawal. They may also experience a strong desire (craving) for the substance, and find they need to consume larger quantities in order to achieve the desired effect (tolerance). Often using the substance becomes the centre of their life, they neglect other interests, and continue their habit despite negative consequences.

If a person seems to be showing features of dependence, then it is highly advisable to seek help from a doctor specialising in addiction. The more advanced the dependence syndrome, the more likely that total abstinence is the only realistic and safe goal. In cases of severe dependence – whether on drugs or alcohol – further attempts at controlled usage almost always lead to failure and further adverse consequences.

Do I have a problem?

The biggest obstacle to recognising a problem with drugs or alcohol is 'denial'. Denial affects the way people think about their drug or alcohol use, and what they remember about the consequences. Denial is when somebody keeps repeating the same mistakes, thinking, "It'll be OK just to have this one pint" or "one hit", but instead drinks or takes much more. Often denial shows itself in minimising the problems associated with drug or alcohol use, or avoiding talking about them.

Think honestly about your drug or alcohol use and ask yourself these questions:

- Have you ever felt you ought to cut down on your drinking or drug use?
- Have people annoyed you by commenting on or criticising your drinking or drug use?
- Have you ever felt bad or guilty about your drinking or drug use?

- Have you ever had a drink or used drugs first thing in the morning to steady your nerves, to reduce other withdrawal symptoms, or to get rid of a 'hangover'?

If you answer YES to any one of the four questions there is a high likelihood (nearly 50%) that you have an alcohol or drug problem, and you would be well advised to see your doctor. If you answer YES to more than one question then the likelihood that you have an alcohol or drug problem is much greater, and you should seek specialist help, by seeing your doctor straight away.

If you answered NO to the four questions above, then you should also ask yourself these questions:

- Have you ever tried to limit your drinking or drug use and not kept to the limits that you set yourself?
- Has your drinking or drug use led to any negative consequences for yourself or others?
- Do you have a strong compulsion or craving for a particular drug or for alcohol?
- Do you use drugs or alcohol to 'self-medicate' when you feel uncomfortable?
- Is your use of drugs or alcohol becoming more frequent or is the amount you use increasing?

Again, if you answer YES to any of these questions it is worth speaking to your doctor.

Problems with drugs or alcohol can be treated successfully even if they are very long-standing. However, the sooner you begin seeking help, the easier the treatment is likely to be.

Even if you don't feel ready for change, it is worth seeing your doctor so that you know what help is available, and you can have a general health check-up.

Does somebody I care for have a problem?

Sometimes the problem is obvious. However, often it is hidden. At first you may simply notice some of the following:

- Changes in behaviour, such as missing appointments, coming home very late, going out at odd times, being evasive or avoiding their usual company, changing habits or routines.
- Changes in mood, such as irritability, aggression, depression, euphoria (being 'high').
- Changes in alertness, such as frequent drowsiness, over-activity or restlessness.
- Changes in self-care, such as becoming scruffy and unkempt.
- Changes in social company, such as avoiding sober people, spending more time with other drug or alcohol users.
- Changes in bodily appearance, such as hand tremor, sweats, poor skin, weight loss, a glazed look.
- Changes in finances, such as running out of money, money going missing, selling items.
- Changes in level of openness, such as being secretive or lying about what they have been doing.
- Changes in work or college performance or attendance.

There can be many other causes for such changes, including common psychological or psychiatric problems (such as depression). But it is not uncommon for such conditions to occur together with substance misuse.

If you suspect that somebody close to you has a problem with drugs or alcohol, then you may be anxious to know exactly what is going on straight away. But sometimes this can lead to direct confrontations that end up with arguments or falling out with the person you care for.

Here are some tips on how you could approach the problem:

- Raise your specific concerns with them – but plan when you intend to speak with them. Choose a time and place when they will not be intoxicated and there is chance to sit down and talk in a relaxed way.
- Speak in confidence with others who know them, but be careful not to breach privacy unless really necessary.
- Discuss your concerns with a professional (such as your family doctor).
- Become knowledgeable about specific drugs or alcohol – websites have a wealth of good information. See the section on Support organisations and helplines (page 38).

The person concerned is more likely to be honest and open with you if you:

- Take a non-judgemental stance.
- Maintain a positive relationship with them.
- Demonstrate that you care and that you wish to be helpful.
- Ask if there is anything that you can do to help.

You may need to approach the topic more than once. Don't expect great results straight away, and realise the limits of what you can do and what you can't.

The section Helping somebody I care for (page 23) provides further advice on how best to communicate with somebody who has a drug or alcohol problem. You may like to read this just before you see them.

When is professional help needed?

If a person is dependent on alcohol or sedatives (e.g. Valium) they should always seek the advice of their doctor before cutting down or stopping suddenly. This is because in alcohol or sedative dependence the body's reaction to suddenly not having the alcohol or sedative can have dangerous effects, such as seizures ('fits') and confusion, which can lead to permanent brain damage and even death.

If you have answered YES to any of the questions in the section Do I have a problem? (page 7), then we strongly advise you to seek professional help. If the problem is mild, then a combination of general guidance, self-help and follow-up appointments by your doctor may resolve the problem. However, if any of the following features are present, then you are likely to need more specialist support and may need to see a doctor who specialises in addiction:

- Signs of dependency on drugs or alcohol.
- Attempts to limit alcohol or drug use have failed repeatedly.
- You suffer from severe depression, anxiety or other mental health problem.
- You have physical health complications resulting from your use of drugs or alcohol.
- You have other ongoing problems that make giving it up more difficult.

Facts on drug and alcohol misuse

Causes and risk factors

What makes one person, rather than another, start to use drugs or alcohol excessively, is not fully understood. In most cases many factors contribute, often stretching over many years. Anyone can develop an addiction – there is no single personality type. The most common groups of factors are listed below:

- Genetic make-up – Both drug and alcohol problems run in families, and studies have shown that much of this is due to genetic make-up. Knowing this can sometimes be helpful for the individual and their family because they can then feel less guilt. But how certain genetic make-ups predispose some people to addiction is not yet known.
- Negative mood states, stress and anxiety – Many substances with addictive potential have mood-enhancing effects in the short term. Somebody with frequent negative mood states or stress (especially if they do not have alternative ways of coping with them) is at increased risk of developing a drug or alcohol problem. Learning that drugs or alcohol can lift the mood or numb unhappiness is dangerous. Their effects last only a short time, and afterwards the unhappiness returns and worsens. This may result in a vicious cycle. Recognising this interplay between mood, stress and anxiety, and the use of drugs and alcohol is essential if relapse is to be prevented.
- Social and cultural pressures – Popular culture is full of messages that directly or indirectly legitimise, or even encourage, excessive drinking or use of drugs. In some sub-groups there is a carefree attitude to drugs and alcohol, which exposes people to all the attractions of drugs or alcohol, so that they forget about the serious risks.
- Occupational risk factors – It is known that some kinds of jobs increase the risk of a drug or alcohol problem. These often occur at the higher levels of the professions, especially when the demands of the job involve long periods of high stress.

Even if we can't be certain about the exact causes of the addiction in a particular individual, it is helpful to think about the factors that may have played a role or increased the risk. This understanding may be important for the specialist in helping them to construct a Relapse Prevention Plan for the individual. The factors may be grouped into:

- **Risk factors present before the problem –** e.g. family history of substance misuse, traumatic experiences.
- **Triggers that initiated the problem –** e.g. loss of job, break-up of relationship.
- **Ongoing factors which may form obstacles to resolving the problem –** e.g. being in a network of people who use drugs or alcohol, ongoing stresses, few other interests.

The specific factors for each individual will be different. One of the purposes of a specialist assessment is to identify those factors in each case, and to reach a joint understanding with the individual concerned.

Disease or a choice? Who is responsible?

People who are addicted to drugs or alcohol will often say that they would stop if only they could. To the non-addict this can seem puzzling, since it may appear very simple not to pick up a glass and not to seek out drugs. But the addict will keep breaking their own promises, and keep doing the same things (using or drinking), repeating the same mistakes.

Whether we think of addiction as a disease or a choice determines how much we think it is the responsibility of the person themselves in dealing with the problem, and how easy or difficult it is for them. This can shape how we relate to the person, how sympathetic, critical or blaming we are, and determine what strategies we can use to help them.

It is worth knowing a few facts that scientific studies or experience have demonstrated clearly:

- In both alcohol and drug addiction there are changes in brain chemistry.
- These changes remain even when the person is not intoxicated.
- Some of these brain changes remain many years after being clean and sober from drugs and alcohol – an addiction 'scar'.
- Even after many years of being clean and sober there is still a substantial risk of relapsing into the previous pattern of extremely excessive drug or alcohol use.
- Full relapses can occur very quickly – e.g. hours or days after the first drink or use of drugs.

In other words, once addiction has developed the person no longer has the same degree of control over their use of drugs or alcohol as a non-addict does.

The changes in the brain are in the very systems that determine our motivations and our ability to make wise choices. In severe addiction the brain chemistry is so altered that almost all motivations are directed towards continued consumption of the substance.

Severe addiction could therefore be considered a 'disease' of free will and motivation. However, this does not mean that choice is no longer important. Nor does it mean that the responsibility to get well lies with doctors or other professionals, rather than the addicted person.

It is vital for the addicted person to regain the knowledge that they have a choice, and begin to exercise this for their own recovery. Professionals in addiction can play a key role in this, by using a style of therapy known as Motivational Interviewing (page 30). This emphasises that change is possible, that help and support are available, but that it is the addict's choice whether they will accept this help or not.

This view is sometimes summed up as:

- Although a person may no longer be responsible for the disease (or condition) of addiction, they ARE responsible for choosing, or not, to accept the help available and to begin recovery.

Thus if you are trying to help somebody with addiction, empathy for their situation and a show of compassion are appropriate. But it is also appropriate to encourage them to see that they have choices and a responsibility to accept the help available. This will be far easier for the person when the help is supportive, caring and values the individual for who they are underneath the addiction.

Health complications

As well as the damage to a person's social environment (e.g. marriage, friendships, job), alcohol and drug misuse very often lead to serious damage to physical and mental health. This damage can be sudden or it can accumulate gradually, often without their realising it. Sometimes the damage is reversible if they continue to abstain, but some complications of drug and alcohol misuse can be permanent. Below are listed some of the most common or serious physical and mental health consequences:

Alcohol	Drugs (the risk depends on the drug)
- Memory and concentration problems - Liver disease - Depression and anxiety - Muscle and nerve damage - Gastro-intestinal problems - Heart disease and strokes - Increased risk of cancer	- Anxiety and depression - Paranoia and hallucinations - Memory and concentration problems - HIV and Hepatitis B & C (from injecting) - Overdose leading to coma or death - Serious heart problems

It is important, therefore, that as part of the treatment for substance misuse, the person receives a comprehensive assessment of their physical and mental health. Some conditions may require specialist treatment. Others will require no treatment so long as they continue to abstain from drugs or alcohol.

Beginning the change
– for those with a drug or alcohol problem

Building motivation

If you have a substance misuse problem and are reading this guide, then you are probably contemplating some change. There are many degrees of motivation to change, and you will need lots of motivation to succeed in giving up addictive substances. Getting real about what has been happening and where your life is heading can help in building that motivation.

Tasks

The following tasks require some courage and a lot of honesty:

1. Ask yourself what things you value most in your life, and then reflect on how these are affected by your substance use.

2. Ask yourself where your life is heading if you continue with the same substance use behaviour. Think about all areas of your life, including relationships, friendships, work, your home, finances, interests, and your overall health and quality of life. How do you expect these things to be in:

   1 year? 5 years? 10 years?

   How does that compare with what you would like in life and what you are capable of?

3. Do you think that a change is necessary?

If you decide that a change is necessary and that you need to tackle your substance use, then take advantage of the motivation that you have now by taking some action today, right now. Even if it is too difficult to stop using drugs or alcohol at once, you can make a serious start by setting up some things that will be of help in the near future.

Things you can do today

1. **Call someone you trust, tell them what you are thinking and arrange to meet.**
2. **Call your doctor's surgery and make an appointment.**
3. **Call one of the help lines in the chapter** Support organisations and helplines (page 38).
4. **Start a drink or drug diary, writing down:**

- Each occasion when you drink/use drugs
- How much you drank/used on that occasion
- What the circumstances were when you drank/used drugs
- What the consequences were after drinking/using drugs
- Take this diary when you meet with your doctor

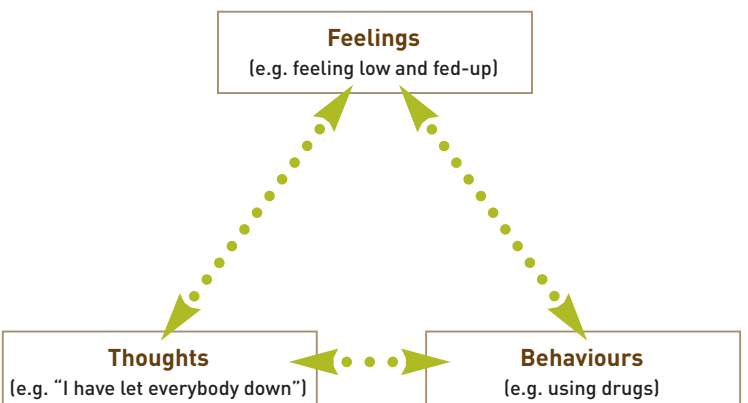
Mark was hitting 'rock bottom' due to his drug and alcohol use. He had lost his wife, his job, and most of his friends and was told that he had the early stages of liver disease. He was only 37 years old. Every day he thought about getting clean, but instead took to the bottle and smoked crack. However, one day he decided to ring a friend, and ask for help to get clean. When Mark's friend came round, he reminded Mark of what wonderful qualities he had, and what fun they had had before when sober. They made some notes on this together, to build up his motivation, and pinned it to the wall with his friend's phone number. The friend helped Mark to get referred to an addiction specialist. These were the first steps that led to Mark finally taking treatment seriously.

There are millions of people around the world who have been seriously addicted to drugs or alcohol but who have achieved many years of sobriety. We know from them that change happens if people choose to take some action.

Reviewing your thinking, feelings and behaviours

Patterns of behaviour that have become deeply ingrained by repeated drinking or drug use, and that seem difficult to break get in the way of change.

For example:



Even if you are truly motivated to change, thinking patterns like this one can seriously distort how you actually act, especially when you prioritise substance use over other things that you truly value. Recognising these self-defeating thought patterns is the first step in changing them and opens the door for you to consider alternatives. When you can see alternatives, it becomes clearer that you do have a choice after all.

Holly was aware that she was using alcohol and cocaine to self-medicate for her feelings of depression and low self-esteem. However, she had been unable to stop for three years, and now it seemed that her substance misuse was making her more depressed.

A psychologist helped Holly to identify her feelings more clearly, and the thoughts and behaviours that accompanied them. Together they mapped out alternative ways of thinking about situations and alternative coping strategies for low mood and low self-esteem. Part of the treatment was experimenting with putting these into practice, and discovering what alternative behaviours worked best for her.

The insights gained in this work became part of Holly's personal Relapse Prevention Plan. After nine months of continuous abstinence Holly finds this work useful to look back on, particularly during difficult times.

Identifying and challenging distorted thinking

If your true goal is to be abstinent, then any thoughts that you have that could lead you back to drugs or alcohol need to be changed or challenged. Such thoughts are part of addiction, and identifying and challenging them is vital if you are to maintain recovery.

Identify your own **thinking errors** - what is the thinking pattern which tends to make you drink or take drugs?

Do this by **keeping a diary** of your thoughts and feelings.

Use the following techniques to change your thinking pattern:

Distract yourself from your thoughts

e.g. Do something, talk to people, exercise, concentrate on other things – think outwards into your surroundings, practise meditation.

Challenge your thoughts

e.g. Ask yourself - "Are my thoughts accurate?"
or "What would I tell a friend who was feeling this way?"

Use positive self-statements

e.g. "I can cope", "I can make a change in my drug use"

Identify alternative thoughts

e.g. "Using does not make my problems any better"

Dealing with lapses and relapse

When people start to change their addictive behaviour they often make a series of attempts that may not lead to sustained change. It is helpful to think of each attempt as part of the change process and not simply as failure to overcome the problem. Each attempt that fails provides an opportunity for learning, both for the addicted individual and for those who are concerned about them. However, there are strategies that can reduce the risk of relapse as well as reduce the likelihood that a lapse will lead to a full-blown relapse.

Again it is helpful to think about how thoughts, feelings and behaviours interact. If someone has made a change in their substance use and then ends up using again, they may develop negative thoughts about themselves and start to doubt their ability to change.

What would be the consequence of having these thoughts? It is very likely the individual will feel lousy and unhappy. These feelings in turn may precipitate a greater desire to drink or use drugs, and this can lead to an escalation in using, as well as negative thoughts and emotions.

Geoffrey had completed a six week residential treatment programme for alcohol dependency and amphetamine use. He had managed to remain abstinent from both substances until his birthday, when he decided to have one pint of beer. Instead he ended up getting drunk. When he woke the next day, he began to despair that he had wasted the opportunity that treatment had given him. His thoughts turned to 'speed' (amphetamine), which he had often used in the past to 'pick up my spirits' ...but this was the old pattern re-emerging.

How could an individual like Geoffrey break this cycle? Firstly, by having a well thought out lapse plan. This might include a list of emergency numbers, safe places to go, distractions and diversionary activities, as well as recalling a saying or image which has meaning for him in his recovery.

It is important to recognise that having a lapse plan is not 'permission to use'. Think of it like a fire drill - we all practise fire drills at work or college but that does not mean we want the fire to happen. Secondly, it is important to identify and challenge your unhelpful thoughts that can potentially escalate the situation to a relapse. Thoughts that give you permission to use such as "just one more", "I've started so I might as well finish" or "I'll stop tomorrow" might be easy to identify and can be relatively easily challenged by mentally playing a tape of what will happen if you carry on.

A year later Geoffrey had had three lapses in total – on one of those occasions he had only one drink. Using his lapse plan, he had avoided letting a lapse become a relapse. He realised the importance of checking his thinking and taking some actions (e.g. phoning a friend, being amongst sober people). At AA meetings he told others that he was continually learning about his own thoughts and needing to challenge them at risky times. Geoffrey considered this worth the effort given that he had had his first six months of complete sobriety for 15 years.

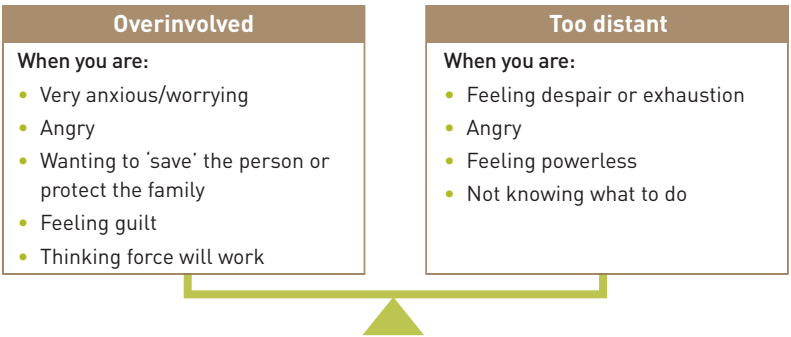
Helping somebody I care for

How to communicate

Tanya is 21 and has become addicted to smoking heroin. Her mother, Maggie, has been trying to save her daughter's life from further damage – they have always been very close. But now every time that Maggie mentions to Tanya how damaging her drug use is getting, and that she must stop, Tanya becomes angry and turns the conversation. This makes Maggie more frustrated with Tanya and her attitude. The result is that when they meet now, they usually end up rowing and hurting each other, and then not speaking for two weeks, and both feel more and more isolated.

Invariably with alcohol and drug problems, previously good relationships within the family and between friends can break down. This can add to problems and lead to isolation. If you are watching someone close to you abuse drugs or alcohol, you will almost certainly be experiencing intense feelings of various kinds – e.g. anger, frustration, helplessness and despair. These feelings will shape the way that you respond to the person, and in turn, how they then react back to you. It is vital therefore that you become aware of this, and try to reach a steady, constructive approach.

Getting the interaction right is a balance



Constructive approach

More likely to occur when you realise that:

- It is the same person underneath.
- They may want to change, but cannot control the habit on their own.
- Building motivation takes time.
- There may be cycles of recovery and relapses which last some time.
- Relapses can be used constructively.
- You can be of most help when you are coping well yourself.
- It is not your fault, nor your responsibility.
- Change can happen.
- There are things you can do which can help.
- Showing love and care, and maintaining friendly regular contact is important.
- Your concern and clear communication of what you consider unacceptable behaviour are powerful motivators for change.
- Arguments about use are probably unhelpful.

Getting this balance right will help guide communication more constructively, but here are some further specific tips:

Communication tips

- Find out as much as you can about the substance used, the support available to you, and the treatment options available for the individual you are concerned about.
- Make a plan with the person to have a conversation at a time when you are both likely to be in the best possible space to talk and to have sufficient time to do so.
- Try to be aware of your own thoughts and feelings and how they might affect your ability to maintain constructive communication.
- Start off by expressing positive things about the person – they will be more receptive to the subsequent conversation.
- Express your concerns. Family and friends are very important in moderating behaviour.
- Avoid judging, blaming or critical language. Talk about the behaviours you are concerned about, rather than criticising the individual as a person.
- Use 'I' statements and talk about your feelings and things you have noticed – rather than 'you' statements which can be perceived as blaming.
- Remember that, for the person you are talking to, change is likely to be difficult. What you might perceive as an easy solution may not be easy for them. People generally have good reasons for the things they do (however destructive they might be).
- Try not to get involved in discussion about why the person is drinking or using the drug, or challenging the validity of the reasons they give you. Also avoid presenting the harms of substance use – this can easily polarise the discussion.

- If they express concern about their substance use ask them how they might do something about it – and what role you could play in that.
- Don't expect an immediate change. However, if the conversation has gone reasonably well, seek permission to raise the matters you discussed at another time.
- If things don't go well and you feel you need further support, it may be worth considering professional help.
- Remember, don't be afraid or shy to show love and care – maintaining loving relationships is a major reason why people change, and the support that these relationships can provide is hugely important.

Acknowledgment to HIT publications (www.hit.org.uk), 'What's the deal on grass?' for some of these points.

Maggie used this advice to change the way that she interacted with Tanya. She decided that despite her huge worry she would contact Tanya less. She also decided to meet Tanya in a café or a restaurant, or some public place where they could do enjoyable things together. Maggie decided not to confront Tanya about her continued drug use, but rather to demonstrate that she cared through simple gestures and to ask Tanya how she could be of practical help. For Maggie, this led to fewer feelings of guilt and helplessness over the situation. Tanya became able to recognise the real care that her mother had for her, and after their meetings she was less inclined to use drugs. Both of them felt less isolated, and over time Tanya's motivation to give up drugs increased.

Looking after yourself

If you are trying to help somebody else, then it is also important that you pay attention to looking after yourself. Generally people are more effective helpers when they are coping well themselves.

- Make sure that you take 'time out' from the situation.
- Seek the support of others – friends, family or professional support.
- Think about contacting family help groups such as Al-anon (www.al-anonuk.org.uk).
- See your doctor – let him or her know your situation.
- Keep your interests, hobbies and social contacts going – do not give them up, as they are important sources of distraction and relaxation.
- Watch out for negative emotions, especially guilt and anger – they can be very destructive.
- If you are having negative thoughts and feelings, ask yourself, "What is going through my mind to make me feel like this?" Think what advice you would give to a friend if they were feeling that way.
- Remember that you are not responsible.

What treatment is available?

General advice

If you have a drug or alcohol problem yourself, or you are trying to find information about treatment to help somebody else, then it would be natural to ask, "What kind of treatment is most effective?" Severe addiction has devastating consequences, including death, and should be dealt with just as seriously as physical disorders such as cancer. Our view is that people with addictions, including harmful use and dependency on drugs or alcohol, should

be offered the best available treatment. Although the evidence base for treatment effectiveness is still being tested, there are a number of treatments that show promising results. These are outlined below.

Often by the time that people reach treatment their situation is complex. They often have co-existing mental health problems, especially anxiety disorders and depression which may be either the cause or a result of the substance use problem. There are often adverse social circumstances or life situations which make recovery more difficult. These may include marital problems, job loss, and financial or legal problems. Some people will have physical illness as a direct consequence of their substance use. For these reasons, and because addiction itself is difficult to give up, we believe the following are important:

1. Assessment and treatment should be provided by **specialists** in the field of substance misuse and addiction. These may include addiction psychiatrists, psychologists, and addiction therapists.

2. Treatment must begin with a **thorough assessment** of all aspects of the addiction, including the full history of drug or alcohol use, and all the consequences – social, mental and physical. This should include an assessment by an addiction psychiatrist, as they are experts on mental health aspects as well as medical complications.

3. The assessment and treatment should be **tailored to the individual**, and the treatment should be planned in collaboration with the individual. The individual's background, experiences and wishes should be taken into account to plan treatment which fits their particular needs and circumstances.

Because there is no cure for addiction, there is always a risk of relapse. Periods of relapse are in fact very common see Dealing with lapses and relapse (page 21). If someone has relapsed after treatment, it does not mean that future treatment is not worthwhile. It can take several attempts at treatment before someone achieves long-term recovery.

Treatments that work

There is good evidence that the following forms of treatment are likely to be effective:

Cognitive and Behavioural Treatment (CBT)

CBT is a talking therapy that is usually delivered in one-to-one sessions with a therapist over a limited number of sessions – commonly between 6 and 15. It can also be delivered effectively in a group of 6-12 people. During CBT people identify the patterns of thoughts, feelings and behaviours that maintain their drug or alcohol use. They learn specific new strategies for breaking these patterns, and they practise these outside the therapy sessions, often keeping a diary of their experiences. CBT deals mainly with the present, rather than the past, and has a problem solving style, with the person and their therapist working in collaboration to find new solutions. CBT has been shown to be very effective for depression and anxiety disorders, and there is now good evidence that CBT tailored specifically for substance misuse can be effective treatment for both harmful use and dependent use of drugs or alcohol. Depression and anxiety problems very commonly co-exist with substance misuse, and in these cases a CBT approach can be particularly valuable.

Relapse prevention

Relapse prevention work is a core part of any treatment of substance misuse. A person's Relapse Prevention Plan can include anything which they find works for them in stopping them picking up the first drink, or seeking out drugs. However, relapse prevention is also the name of a specific therapy that is based on CBT principles. In the context of substance misuse, often the terms CBT and Relapse Prevention Therapy are used interchangeably.

Motivational Enhancement Therapy and Motivational Interviewing

These refer to specific techniques and a style of interviewing that therapists use when treating people who misuse substances. The aim is to increase the person's self-motivation to address their substance misuse and to engage fully with further treatment. It is based on client centred humanistic psychology and can be integrated well with other approaches such as CBT. It has been shown to be an effective intervention for both drug and alcohol problems.

12-Step treatment

This derives from the principles and practice of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). In the beginning of 12-Step treatment people are encouraged to accept the consequences of their substance misuse in order to build the motivation to change. They are then encouraged to search for and make use of whatever resources work for them in keeping them clean and sober. This may include using the skills learnt in other types of therapy such as CBT. It can include simple practical strategies, as well as reviewing their core values and sense of meaning in life. People are encouraged to listen to the stories of others who are in recovery and hear how they achieved it. The emphasis is upon each person finding his or her own path, but always with the help of others, whether professionals or others in recovery, with the 12-Steps of AA/NA acting as a guide. This form of treatment is at least as effective as CBT, and possibly more effective when abstinence is the required goal.

Family work

'Family' can mean all significant others, including partners and close friends as well as immediate relatives. In addiction these relationships become distorted, and sometimes damaged. Sometimes relationship problems may have preceded the addiction. The importance of acknowledging and addressing these aspects is that good relationships are a source of great support and a reason to remain well, whilst ongoing stressful relationships can lead to a risk of relapse.

Family work can take many forms, including one-to-one work between a therapist and the person with the addiction to reflect on their relationships. Often however, it includes meetings with family (or close friends), supervised by a family therapist, to explore the issues more directly. Family work also includes educating the family about addiction, how they can help, how to cope themselves and how to deal with their loved one now that they are sober.

Medications

There are several medications available which are effective treatments for preventing relapse to drinking or using drugs. The specific drugs used differ according to the substance that was used, but they include Disulfiram (Antabuse), Acamprosate, and Naltrexone. These medications are usually only effective when they form part of an overall treatment programme, which includes one or other of the treatments above, or in out-patient follow-up with an addiction specialist, which often combines the approaches above. Medication alone is unlikely to be effective.

Self-help groups

Self-help groups are not strictly 'treatment' as they are not run by professionals, but by people in recovery from addiction, looking to support each other. By far the largest of the self-help group support networks are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). There are local meetings of AA and NA in practically every town in the UK and in almost every country around the world. In large cities, there are often hundreds of different meetings occurring every day of the week, at different times, and in every suburb. There are other types of self-help groups (e.g. SMART recovery), which may be equally effective, but they are not nearly so widely distributed. For a more complete list and contact details see Support organisations and helplines (page 38).

Research indicates that getting involved with AA, NA or other self-help groups substantially increases the chances of remaining abstinent from drugs or alcohol in the long term. Some studies indicate that this involvement might double the effect of professional treatment. This is important given that the relapse risk is so high even after treatment.

Self-help groups work for individuals in a number of different ways:

- They provide a social network supporting clean and sober living.
- They allow you to hear how others 'made it' to sustained recovery.
- They provide a safe and friendly place to be in the evenings.
- They contain a lot of collective wisdom on how to achieve recovery.
- In AA and NA there are the 12-Steps which provide guidance on how to achieve recovery.
- They encourage self-responsibility and empowerment.
- They encourage making changes to lifestyle and attitudes which will support recovery.
- They are a source of new friends.

Residential vs out-patient treatment

Both residential and out-patient treatments are effective when they employ one or more of the above therapies. There has not been enough research to indicate which setting is more effective, but probably this will depend on the individual and their particular circumstances. Out-patient treatment is cheaper, but there may be considerable advantages to having residential treatment at the beginning, to increase the focus on recovery, and to provide an environment of protected abstinence during that critical early phase. However, some people may not need residential treatment, and family commitments may make it difficult. The options should always be discussed carefully with your doctor/addiction specialist.

Possible advantages of residential treatment at the beginning:

- Provides an environment of protected abstinence during critical early phase.
- Provides high level of support 24 hours a day.
- The treatment programme is usually more intensive and comprehensive than out-patient treatment.
- Living in a small community where others are also beginning recovery can be mutually supportive.
- If an in-patient 'detox' is required, then this can be done at the same place.
- Avoids a battle each morning about whether to attend the treatment centre or not, and no problems in travelling to the centre.
- Some residential treatment centres are in tranquil settings, away from the temptations of drink or drugs.
- Can provide a welcome break from stressful circumstances in the home environment – this can be helpful to both the person with a drug or alcohol problem as well as their partner or family.

For advice in choosing a residential treatment centre, refer to the advice in the section Residential treatment ('Rehab') – what to look for (page 34).

'Detox'

'Detox' refers to a medically assisted withdrawal from addictive substances. The medical aspect includes the use of prescribed medications to make the withdrawal period both safe and comfortable, and medical assessment and monitoring of any complications during that period. A medically assisted withdrawal is necessary when there is dependence on alcohol, opiates, sedatives, and sometimes other substances. There are many factors which determine whether this 'detox' needs to be conducted in a residential (in-patient) setting, or can be done safely at home. Your doctor will need

to discuss this with you. If you are dependent on alcohol or sedatives then you should not seek to 'detox' yourself without consulting a doctor. Typically the 'detox' lasts up to seven days, and for most people it goes smoothly and comfortably with proper medical support.

'Detox' is NOT a treatment for addiction however, although it is often an important first step, allowing the person to think more clearly and to see their options. It is vital that following 'detox' there is an appropriate form of treatment in place to tackle the long-standing patterns of thinking, feelings and behaviours that constitute addiction.

Residential treatment ('Rehab') – what to look for

If you are choosing residential treatment, whether you are paying or not, you will want to know that the treatment centre and the treatment programme are of a high quality, and suited to your needs. Some centres may quote success rates, and whilst this can be a good sign that they take outcomes seriously, it is not always possible to compare figures between centres because of differences in the groups of clients treated at those centres, and differences in the way the outcomes are followed up and measured.

It is advisable to gather as much information as possible about a centre, and to ask as many questions as you feel are necessary. A visit to the centre or a look at their website will often be invaluable.

The following advice on essential and desirable characteristics of residential centres is based upon three main sources - what the evidence says is effective, what professional experience has demonstrated (often referred to as 'expert opinion'), and what professional and regulatory bodies recommend for residential treatment centres.

Essential characteristics of residential treatment centres

The centre should:

- Offer evidence-based treatments.
- Be able to tailor treatment to an individual's specific needs.
- Have an appropriately qualified multi-disciplinary team – these are likely to include:
  - psychologists and therapists with specialist training in substance misuse
  - an addiction psychiatrist – for initial assessments
  - nursing staff
  - access to a general doctor (e.g. a GP)
- Be clean, safe and comfortable.
- Respect privacy and uphold high standards of confidentiality.
- Carry out a full assessment addressing all aspects of the client's substance use.
- Be able to address co-existing mental health problems.
- Seek to maximise client engagement and completion rates.
- Have treatment staff who are well trained, have regular supervision from a senior, are confident in their work and have empathy towards clients.
- Have high organisational standards. This will often be reflected in the policies and procedures of the centre, the professionalism of the staff, and how well it is managed.
- Routinely monitor its own outcomes and allow independent scrutiny of these.
- Have a treatment programme that is engaging and comprehensive, addressing all aspects of addiction – social impact, psychological impact and physical health impact.

- Assign each client an individual therapist and offer regular 1:1 sessions.
- Provide an aftercare programme, or means to arrange one for the client locally when the residential treatment finishes.
- Have an atmosphere and ethos that promote a mutually supportive community.
- Respect an individual's religious or philosophical belief systems.

Desirable characteristics

The centre should:

- Have a high ratio of staff to clients.
- Have a location or setting that fosters engagement and completion – i.e. not in an area where drugs are easily available.
- Have a range of complementary or alternative therapies for clients to choose from.
- Encourage the use of self-help groups.
- Adopt a supportive, non-confrontational style.
- Provide facilities for improving physical fitness, such as a gym.
- Provide recreational activities to encourage enjoyable living without drugs or alcohol.
- Have a treatment staff mixture that includes those in recovery and those who have no history of substance use problems.
- Offer a combination of individual and group work.
- Offer accommodation that balances the need for privacy with the need to avoid isolation.
- Offer pre-admission assessments.
- Have, or be able to offer, family work.

The European Association for Treatment of Addiction (EATA) has summarised 20 key research findings about 'what works' in residential 'rehab'. Many of those findings are included in the lists above, or elsewhere in this guide. Free copies of their publication 'Rehab – What works?' are available from www.eata.org.uk.

How effective is treatment?

Overall figures of treatment effectiveness can be misleading because individuals vary so much in the severity of their addiction, associated problems, and levels of social support. The different treatments discussed above can be delivered in a variety of forms – intensive or non-intensive, brief or extended, residential or out-patient. However, expert reviews of treatments (such as those discussed above) for alcohol and drug problems conclude that treatment, when compared to no treatment, is effective in promoting abstinence and in reducing problematic drug and alcohol usage.

In a large, high quality study in the US, people dependent on drugs or alcohol, or both, took up residential treatment programmes following 12-Step, CBT or a combination of these approaches. They began with an intensive residential stay, followed by out-patient follow-up. At one year, 36-45% were abstinent from drugs and alcohol, with those who had attended a programme that included a 12-Step approach doing better. There was a tendency for people to do better if they got involved with out-patient and self-help groups following residential treatment.

In the UK, Professor Gossop, on behalf of the National Treatment Agency for Substance Misuse (www.nta.nhs.uk), has summarised what we know about the outcomes of treatments for drug misuse, reporting that 49% of people from residential treatment programmes were abstinent from heroin after five years, and that abstinence from all drugs was 38% after five years.

The National Treatment Agency for Substance Misuse has also recently reviewed all the international evidence of treatment effectiveness for alcohol problems. They concluded that the evidence is 'strong' that treatment is effective both for harmful drinkers and those with dependence. They added that treatments are only effective if delivered in accordance with best practice, and carried out by a competent therapist.

There is also good evidence that those who get involved with self-help groups such as AA or NA after formal treatment increase their chances of making that treatment episode successful.

Support organisations and helplines

The National Alcohol Helpline:
free confidential information and advice on alcohol.
Tel: 0800 917 8282 (England and Wales),
Monday to Friday 9.00am –11.00pm

Alcoholics Anonymous:
National Helpline: 0845 769 7555
Information line: 01904 644026
Address: PO Box 1, Stonebow House, Stonebow, York, YO1 2NJ
www.alcoholics-anonymous.org.uk

Al-anon Family Groups UK and Eire:
self-help for friends and families of alcoholics.
Helpline: 020 7403 0888
www.al-anonuk.org.uk
Address: 61 Great Dover Street, London, SE1 4YF

Alcohol Concern:
Tel: 020 7264 0510.
www.alcoholconcern.org.uk

Narcotics Anonymous (NA):
helpline for anyone needing support and advice about drug addiction.
Tel: 0845 3733366 (24/7)
www.ukna.org

FRANK:
The National Drugs Helpline
Freephone: 0800 776600
Parent line number: 0808 800 2222
www.talktofrank.com

Benzodiazepine.org:
www.benzodiazepine.org

Drugscope:
Tel: 020 7928 1211
www.drugscope.org.uk

SMART Recovery:
www.smartrecovery.org and www.smartrecovery.co.uk

Useful websites:
www.turning-point.co.uk
www.na.org

WINTHROP
HALL

Winthrop Hall Cranbrook Road
Staplehurst Kent TN12 0ER
tel 0845 370 1616
fax 0845 370 1615
www.winthrophall.co.uk

Beginning recovery – A guide for those affected by drug and alcohol addiction

Written by
Dr Andrew Parker
Member of the Royal College of Psychiatrists
Winthrop Hall

with contributions from
Dr Luke Mitcheson
Consultant Clinical Psychologist
Winthrop Hall

Preface

Most of us know somebody who has a drug or alcohol problem. However, probably very few of us feel confident that we know how best to help that person when the habit gets out of hand and needs treatment.

This brief guide offers practical advice and information, which we hope will ease the way to obtaining appropriate treatment for substance misuse, as well as helping those close to them to be supportive and helpful for recovery.

We hope that the guide will be useful to those who have an alcohol or drink problem, and to those close to them, such as partners, family, friends and colleagues. It is written by professionals in treatment of drug and alcohol addiction, with input by addicts in recovery and their friends and families. We hope it is the guide they wished they had years ago when they were in crisis or seeking treatment.

Contents

Drug and alcohol misuse – introduction

Harmful use or addiction – what's the difference?

Taking any drug (including alcohol and nicotine) into the body for its effects on the mind or how you feel can lead to harmful use. Many of these 'psychoactive substances' can also lead to addiction, sometimes called 'dependency'.

Harmful use: When people do not have the full dependence syndrome (see opposite), but continue to use the psychoactive substance despite clear damage to their physical or mental health or to their social, occupational or family life.

1. Harmful use of alcohol

Greg drank only at weekends, but he would drink from Friday until Sunday evening, and be drunk for much of each weekend. He thought there was no problem – after all, he always sobered up and went to work on Monday morning. That was until he was charged with common assault whilst drunk. Following conviction, he lost his job as a schoolteacher. His partner, who had been telling him for two years that he drank excessively, threatened to leave him. Greg did not see himself as an 'alcoholic', but just as a 'guy who went out for a few beers'. But he began to see that alcohol was ruining his life.

Harmful use of substances often has a 'binge pattern', as in the example of Greg above. Sometimes people who practise harmful use of drugs or alcohol can resolve the problem without formal treatment, by using self-help techniques such as those in the section on Beginning the change (page 16). However, when self-help has failed, and adverse consequences keep occurring, then professional help is strongly recommended. If there are few or no features of dependence, then it may be possible for the person to control their use. For some people, a period of abstinence will be the safer goal.

Dependence syndrome: When someone has become dependent on drugs or alcohol, they have lost control over how they use the substance, and, depending on the particular substance, if they stop or reduce their intake they may experience physical symptoms of withdrawal. They may also experience a strong desire (craving) for the substance, and find they need to consume larger quantities in order to achieve the desired effect (tolerance). Often using the substance becomes the centre of their life, they neglect other interests, and continue their habit despite negative consequences.

If a person seems to be showing features of dependence, then it is highly advisable to seek help from a doctor specialising in addiction. The more advanced the dependence syndrome, the more likely that total abstinence is the only realistic and safe goal. In cases of severe dependence – whether on drugs or alcohol – further attempts at controlled usage almost always lead to failure and further adverse consequences.

Do I have a problem?

The biggest obstacle to recognising a problem with drugs or alcohol is 'denial'. Denial affects the way people think about their drug or alcohol use, and what they remember about the consequences. Denial is when somebody keeps repeating the same mistakes, thinking, "It'll be OK just to have this one pint" or "one hit", but instead drinks or takes much more. Often denial shows itself in minimising the problems associated with drug or alcohol use, or avoiding talking about them.

Think honestly about your drug or alcohol use and ask yourself these questions:

- Have you ever felt you ought to cut down on your drinking or drug use?
- Have people annoyed you by commenting on or criticising your drinking or drug use?
- Have you ever felt bad or guilty about your drinking or drug use?

- Have you ever had a drink or used drugs first thing in the morning to steady your nerves, to reduce other withdrawal symptoms, or to get rid of a 'hangover'?

If you answer YES to any one of the four questions there is a high likelihood (nearly 50%) that you have an alcohol or drug problem, and you would be well advised to see your doctor. If you answer YES to more than one question then the likelihood that you have an alcohol or drug problem is much greater, and you should seek specialist help, by seeing your doctor straight away.

If you answered NO to the four questions above, then you should also ask yourself these questions:

- Have you ever tried to limit your drinking or drug use and not kept to the limits that you set yourself?
- Has your drinking or drug use led to any negative consequences for yourself or others?
- Do you have a strong compulsion or craving for a particular drug or for alcohol?
- Do you use drugs or alcohol to 'self-medicate' when you feel uncomfortable?
- Is your use of drugs or alcohol becoming more frequent or is the amount you use increasing?

Again, if you answer YES to any of these questions it is worth speaking to your doctor.

Problems with drugs or alcohol can be treated successfully even if they are very long-standing. However, the sooner you begin seeking help, the easier the treatment is likely to be.

Even if you don't feel ready for change, it is worth seeing your doctor so that you know what help is available, and you can have a general health check-up.

Does somebody I care for have a problem?

Sometimes the problem is obvious. However, often it is hidden. At first you may simply notice some of the following:

- Changes in behaviour, such as missing appointments, coming home very late, going out at odd times, being evasive or avoiding their usual company, changing habits or routines.
- Changes in mood, such as irritability, aggression, depression, euphoria (being 'high').
- Changes in alertness, such as frequent drowsiness, over-activity or restlessness.
- Changes in self-care, such as becoming scruffy and unkempt.
- Changes in social company, such as avoiding sober people, spending more time with other drug or alcohol users.
- Changes in bodily appearance, such as hand tremor, sweats, poor skin, weight loss, a glazed look.
- Changes in finances, such as running out of money, money going missing, selling items.
- Changes in level of openness, such as being secretive or lying about what they have been doing.
- Changes in work or college performance or attendance.

There can be many other causes for such changes, including common psychological or psychiatric problems (such as depression). But it is not uncommon for such conditions to occur together with substance misuse.

If you suspect that somebody close to you has a problem with drugs or alcohol, then you may be anxious to know exactly what is going on straight away. But sometimes this can lead to direct confrontations that end up with arguments or falling out with the person you care for.

Here are some tips on how you could approach the problem:

- Raise your specific concerns with them – but plan when you intend to speak with them. Choose a time and place when they will not be intoxicated and there is chance to sit down and talk in a relaxed way.
- Speak in confidence with others who know them, but be careful not to breach privacy unless really necessary.
- Discuss your concerns with a professional (such as your family doctor).
- Become knowledgeable about specific drugs or alcohol – websites have a wealth of good information. See the section on Support organisations and helplines (page 38).

The person concerned is more likely to be honest and open with you if you:

- Take a non-judgemental stance.
- Maintain a positive relationship with them.
- Demonstrate that you care and that you wish to be helpful.
- Ask if there is anything that you can do to help.

You may need to approach the topic more than once. Don't expect great results straight away, and realise the limits of what you can do and what you can't.

The section Helping somebody I care for (page 23) provides further advice on how best to communicate with somebody who has a drug or alcohol problem. You may like to read this just before you see them.

When is professional help needed?

If a person is dependent on alcohol or sedatives (e.g. Valium) they should always seek the advice of their doctor before cutting down or stopping suddenly. This is because in alcohol or sedative dependence the body's reaction to suddenly not having the alcohol or sedative can have dangerous effects, such as seizures ('fits') and confusion, which can lead to permanent brain damage and even death.

If you have answered YES to any of the questions in the section Do I have a problem? (page 7), then we strongly advise you to seek professional help. If the problem is mild, then a combination of general guidance, self-help and follow-up appointments by your doctor may resolve the problem. However, if any of the following features are present, then you are likely to need more specialist support and may need to see a doctor who specialises in addiction:

- Signs of dependency on drugs or alcohol.
- Attempts to limit alcohol or drug use have failed repeatedly.
- You suffer from severe depression, anxiety or other mental health problem.
- You have physical health complications resulting from your use of drugs or alcohol.
- You have other ongoing problems that make giving it up more difficult.

Facts on drug and alcohol misuse

Causes and risk factors

What makes one person, rather than another, start to use drugs or alcohol excessively, is not fully understood. In most cases many factors contribute, often stretching over many years. Anyone can develop an addiction – there is no single personality type. The most common groups of factors are listed below:

- Genetic make-up – Both drug and alcohol problems run in families, and studies have shown that much of this is due to genetic make-up. Knowing this can sometimes be helpful for the individual and their family because they can then feel less guilt. But how certain genetic make-ups predispose some people to addiction is not yet known.
- Negative mood states, stress and anxiety – Many substances with addictive potential have mood-enhancing effects in the short term. Somebody with frequent negative mood states or stress (especially if they do not have alternative ways of coping with them) is at increased risk of developing a drug or alcohol problem. Learning that drugs or alcohol can lift the mood or numb unhappiness is dangerous. Their effects last only a short time, and afterwards the unhappiness returns and worsens. This may result in a vicious cycle. Recognising this interplay between mood, stress and anxiety, and the use of drugs and alcohol is essential if relapse is to be prevented.
- Social and cultural pressures – Popular culture is full of messages that directly or indirectly legitimise, or even encourage, excessive drinking or use of drugs. In some sub-groups there is a carefree attitude to drugs and alcohol, which exposes people to all the attractions of drugs or alcohol, so that they forget about the serious risks.
- Occupational risk factors – It is known that some kinds of jobs increase the risk of a drug or alcohol problem. These often occur at the higher levels of the professions, especially when the demands of the job involve long periods of high stress.

Even if we can't be certain about the exact causes of the addiction in a particular individual, it is helpful to think about the factors that may have played a role or increased the risk. This understanding may be important for the specialist in helping them to construct a Relapse Prevention Plan for the individual. The factors may be grouped into:

- Risk factors present before the problem – e.g. family history of substance misuse, traumatic experiences.
- Triggers that initiated the problem – e.g. loss of job, break-up of relationship.
- Ongoing factors which may form obstacles to resolving the problem – e.g. being in a network of people who use drugs or alcohol, ongoing stresses, few other interests.

The specific factors for each individual will be different. One of the purposes of a specialist assessment is to identify those factors in each case, and to reach a joint understanding with the individual concerned.

Disease or a choice? Who is responsible?

People who are addicted to drugs or alcohol will often say that they would stop if only they could. To the non-addict this can seem puzzling, since it may appear very simple not to pick up a glass and not to seek out drugs. But the addict will keep breaking their own promises, and keep doing the same things (using or drinking), repeating the same mistakes.

Whether we think of addiction as a disease or a choice determines how much we think it is the responsibility of the person themselves in dealing with the problem, and how easy or difficult it is for them. This can shape how we relate to the person, how sympathetic, critical or blaming we are, and determine what strategies we can use to help them.

It is worth knowing a few facts that scientific studies or experience have demonstrated clearly:

- In both alcohol and drug addiction there are changes in brain chemistry.
- These changes remain even when the person is not intoxicated.
- Some of these brain changes remain many years after being clean and sober from drugs and alcohol – an addiction 'scar'.
- Even after many years of being clean and sober there is still a substantial risk of relapsing into the previous pattern of extremely excessive drug or alcohol use.
- Full relapses can occur very quickly – e.g. hours or days after the first drink or use of drugs.

In other words, once addiction has developed the person no longer has the same degree of control over their use of drugs or alcohol as a non-addict does.

The changes in the brain are in the very systems that determine our motivations and our ability to make wise choices. In severe addiction the brain chemistry is so altered that almost all motivations are directed towards continued consumption of the substance.

Severe addiction could therefore be considered a 'disease' of free will and motivation. However, this does not mean that choice is no longer important. Nor does it mean that the responsibility to get well lies with doctors or other professionals, rather than the addicted person.

It is vital for the addicted person to regain the knowledge that they have a choice, and begin to exercise this for their own recovery. Professionals in addiction can play a key role in this, by using a style of therapy known as Motivational Interviewing (page 30). This emphasises that change is possible, that help and support are available, but that it is the addict's choice whether they will accept this help or not.

This view is sometimes summed up as:

- Although a person may no longer be responsible for the disease (or condition) of addiction, they ARE responsible for choosing, or not, to accept the help available and to begin recovery.

Thus if you are trying to help somebody with addiction, empathy for their situation and a show of compassion are appropriate. But it is also appropriate to encourage them to see that they have choices and a responsibility to accept the help available. This will be far easier for the person when the help is supportive, caring and values the individual for who they are underneath the addiction.

Health complications

As well as the damage to a person's social environment (e.g. marriage, friendships, job), alcohol and drug misuse very often lead to serious damage to physical and mental health. This damage can be sudden or it can accumulate gradually, often without their realising it. Sometimes the damage is reversible if they continue to abstain, but some complications of drug and alcohol misuse can be permanent. Below are listed some of the most common or serious physical and mental health consequences:

Alcohol	Drugs (the risk depends on the drug)
- Memory and concentration problems - Liver disease - Depression and anxiety - Muscle and nerve damage - Gastro-intestinal problems - Heart disease and strokes - Increased risk of cancer	- Anxiety and depression - Paranoia and hallucinations - Memory and concentration problems - HIV and Hepatitis B & C (from injecting) - Overdose leading to coma or death - Serious heart problems

It is important, therefore, that as part of the treatment for substance misuse, the person receives a comprehensive assessment of their physical and mental health. Some conditions may require specialist treatment. Others will require no treatment so long as they continue to abstain from drugs or alcohol.

Beginning the change
– for those with a drug or alcohol problem

Building motivation

If you have a substance misuse problem and are reading this guide, then you are probably contemplating some change. There are many degrees of motivation to change, and you will need lots of motivation to succeed in giving up addictive substances. Getting real about what has been happening and where your life is heading can help in building that motivation.

Tasks

The following tasks require some courage and a lot of honesty:

1. Ask yourself what things you value most in your life, and then reflect on how these are affected by your substance use.
2. Ask yourself where your life is heading if you continue with the same substance use behaviour. Think about all areas of your life, including relationships, friendships, work, your home, finances, interests, and your overall health and quality of life. How do you expect these things to be in:

   1 year? 5 years? 10 years?

   How does that compare with what you would like in life and what you are capable of?
3. Do you think that a change is necessary?

If you decide that a change is necessary and that you need to tackle your substance use, then take advantage of the motivation that you have now by taking some action today, right now. Even if it is too difficult to stop using drugs or alcohol at once, you can make a serious start by setting up some things that will be of help in the near future.

Things you can do today

1. **Call someone you trust, tell them what you are thinking and arrange to meet.**
2. **Call your doctor's surgery and make an appointment.**
3. **Call one of the help lines in the chapter** Support organisations and helplines (page 38).
4. **Start a drink or drug diary, writing down:**
   - Each occasion when you drink/use drugs
   - How much you drank/used on that occasion
   - What the circumstances were when you drank/used drugs
   - What the consequences were after drinking/using drugs
   - Take this diary when you meet with your doctor

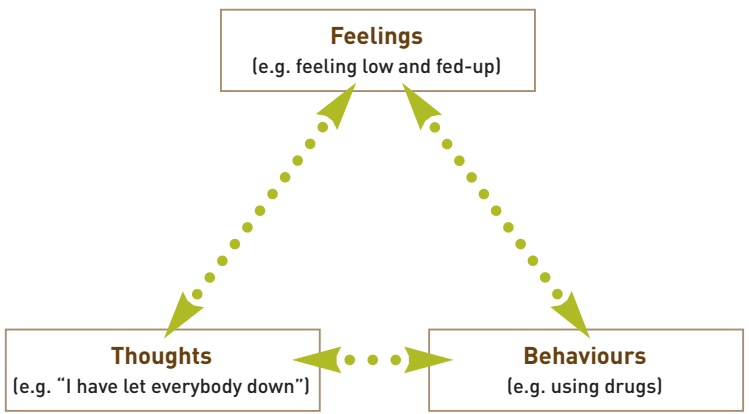
Mark was hitting 'rock bottom' due to his drug and alcohol use. He had lost his wife, his job, and most of his friends and was told that he had the early stages of liver disease. He was only 37 years old. Every day he thought about getting clean, but instead took to the bottle and smoked crack. However, one day he decided to ring a friend, and ask for help to get clean. When Mark's friend came round, he reminded Mark of what wonderful qualities he had, and what fun they had had before when sober. They made some notes on this together, to build up his motivation, and pinned it to the wall with his friend's phone number. The friend helped Mark to get referred to an addiction specialist. These were the first steps that led to Mark finally taking treatment seriously.

There are millions of people around the world who have been seriously addicted to drugs or alcohol but who have achieved many years of sobriety. We know from them that change happens if people choose to take some action.

Reviewing your thinking, feelings and behaviours

Patterns of behaviour that have become deeply ingrained by repeated drinking or drug use, and that seem difficult to break get in the way of change.

For example:



Even if you are truly motivated to change, thinking patterns like this one can seriously distort how you actually act, especially when you prioritise substance use over other things that you truly value. Recognising these self-defeating thought patterns is the first step in changing them and opens the door for you to consider alternatives. When you can see alternatives, it becomes clearer that you do have a choice after all.

Holly was aware that she was using alcohol and cocaine to self-medicate for her feelings of depression and low self-esteem. However, she had been unable to stop for three years, and now it seemed that her substance misuse was making her more depressed.

A psychologist helped Holly to identify her feelings more clearly, and the thoughts and behaviours that accompanied them. Together they mapped out alternative ways of thinking about situations and alternative coping strategies for low mood and low self-esteem. Part of the treatment was experimenting with putting these into practice, and discovering what alternative behaviours worked best for her.

The insights gained in this work became part of Holly's personal Relapse Prevention Plan. After nine months of continuous abstinence Holly finds this work useful to look back on, particularly during difficult times.

Identifying and challenging distorted thinking

If your true goal is to be abstinent, then any thoughts that you have that could lead you back to drugs or alcohol need to be changed or challenged. Such thoughts are part of addiction, and identifying and challenging them is vital if you are to maintain recovery.

Identify your own **thinking errors** - what is the thinking pattern which tends to make you drink or take drugs?

Do this by **keeping a diary** of your thoughts and feelings.

Use the following techniques to change your thinking pattern:

Distract yourself from your thoughts

e.g. Do something, talk to people, exercise, concentrate on other things – think outwards into your surroundings, practise meditation.

Challenge your thoughts

e.g. Ask yourself - "Are my thoughts accurate?"
or "What would I tell a friend who was feeling this way?"

Use positive self-statements

e.g. "I can cope", "I can make a change in my drug use"

Identify alternative thoughts

e.g. "Using does not make my problems any better"

Dealing with lapses and relapse

When people start to change their addictive behaviour they often make a series of attempts that may not lead to sustained change. It is helpful to think of each attempt as part of the change process and not simply as failure to overcome the problem. Each attempt that fails provides an opportunity for learning, both for the addicted individual and for those who are concerned about them. However, there are strategies that can reduce the risk of relapse as well as reduce the likelihood that a lapse will lead to a full-blown relapse.

Again it is helpful to think about how thoughts, feelings and behaviours interact. If someone has made a change in their substance use and then ends up using again, they may develop negative thoughts about themselves and start to doubt their ability to change.

What would be the consequence of having these thoughts? It is very likely the individual will feel lousy and unhappy. These feelings in turn may precipitate a greater desire to drink or use drugs, and this can lead to an escalation in using, as well as negative thoughts and emotions.

Geoffrey had completed a six week residential treatment programme for alcohol dependency and amphetamine use. He had managed to remain abstinent from both substances until his birthday, when he decided to have one pint of beer. Instead he ended up getting drunk. When he woke the next day, he began to despair that he had wasted the opportunity that treatment had given him. His thoughts turned to 'speed' (amphetamine), which he had often used in the past to 'pick up my spirits' ...but this was the old pattern re-emerging.

How could an individual like Geoffrey break this cycle? Firstly, by having a well thought out lapse plan. This might include a list of emergency numbers, safe places to go, distractions and diversionary activities, as well as recalling a saying or image which has meaning for him in his recovery.

It is important to recognise that having a lapse plan is not 'permission to use'. Think of it like a fire drill - we all practise fire drills at work or college but that does not mean we want the fire to happen. Secondly, it is important to identify and challenge your unhelpful thoughts that can potentially escalate the situation to a relapse. Thoughts that give you permission to use such as "just one more", "I've started so I might as well finish" or "I'll stop tomorrow" might be easy to identify and can be relatively easily challenged by mentally playing a tape of what will happen if you carry on.

A year later Geoffrey had had three lapses in total – on one of those occasions he had only one drink. Using his lapse plan, he had avoided letting a lapse become a relapse. He realised the importance of checking his thinking and taking some actions (e.g. phoning a friend, being amongst sober people). At AA meetings he told others that he was continually learning about his own thoughts and needing to challenge them at risky times. Geoffrey considered this worth the effort given that he had had his first six months of complete sobriety for 15 years.

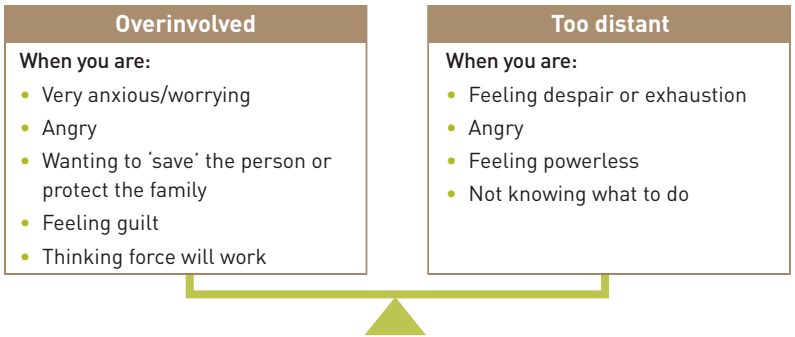
Helping somebody I care for

How to communicate

Tanya is 21 and has become addicted to smoking heroin. Her mother, Maggie, has been trying to save her daughter's life from further damage – they have always been very close. But now every time that Maggie mentions to Tanya how damaging her drug use is getting, and that she must stop, Tanya becomes angry and turns the conversation. This makes Maggie more frustrated with Tanya and her attitude. The result is that when they meet now, they usually end up rowing and hurting each other, and then not speaking for two weeks, and both feel more and more isolated.

Invariably with alcohol and drug problems, previously good relationships within the family and between friends can break down. This can add to problems and lead to isolation. If you are watching someone close to you abuse drugs or alcohol, you will almost certainly be experiencing intense feelings of various kinds – e.g. anger, frustration, helplessness and despair. These feelings will shape the way that you respond to the person, and in turn, how they then react back to you. It is vital therefore that you become aware of this, and try to reach a steady, constructive approach.

Getting the interaction right is a balance



Getting this balance right will help guide communication more constructively, but here are some further specific tips:

Communication tips

- Find out as much as you can about the substance used, the support available to you, and the treatment options available for the individual you are concerned about.
- Make a plan with the person to have a conversation at a time when you are both likely to be in the best possible space to talk and to have sufficient time to do so.
- Try to be aware of your own thoughts and feelings and how they might affect your ability to maintain constructive communication.
- Start off by expressing positive things about the person – they will be more receptive to the subsequent conversation.
- Express your concerns. Family and friends are very important in moderating behaviour.
- Avoid judging, blaming or critical language. Talk about the behaviours you are concerned about, rather than criticising the individual as a person.
- Use 'I' statements and talk about your feelings and things you have noticed – rather than 'you' statements which can be perceived as blaming.
- Remember that, for the person you are talking to, change is likely to be difficult. What you might perceive as an easy solution may not be easy for them. People generally have good reasons for the things they do (however destructive they might be).
- Try not to get involved in discussion about why the person is drinking or using the drug, or challenging the validity of the reasons they give you. Also avoid presenting the harms of substance use – this can easily polarise the discussion.

- If they express concern about their substance use ask them how they might do something about it – and what role you could play in that.
- Don't expect an immediate change. However, if the conversation has gone reasonably well, seek permission to raise the matters you discussed at another time.
- If things don't go well and you feel you need further support, it may be worth considering professional help.
- Remember, don't be afraid or shy to show love and care – maintaining loving relationships is a major reason why people change, and the support that these relationships can provide is hugely important.

Acknowledgment to HIT publications (www.hit.org.uk), 'What's the deal on grass?' for some of these points.

Maggie used this advice to change the way that she interacted with Tanya. She decided that despite her huge worry she would contact Tanya less. She also decided to meet Tanya in a café or a restaurant, or some public place where they could do enjoyable things together. Maggie decided not to confront Tanya about her continued drug use, but rather to demonstrate that she cared through simple gestures and to ask Tanya how she could be of practical help. For Maggie, this led to fewer feelings of guilt and helplessness over the situation. Tanya became able to recognise the real care that her mother had for her, and after their meetings she was less inclined to use drugs. Both of them felt less isolated, and over time Tanya's motivation to give up drugs increased.

Looking after yourself

If you are trying to help somebody else, then it is also important that you pay attention to looking after yourself. Generally people are more effective helpers when they are coping well themselves.

- Make sure that you take 'time out' from the situation.
- Seek the support of others – friends, family or professional support.
- Think about contacting family help groups such as Al-anon (www.al-anonuk.org.uk).
- See your doctor – let him or her know your situation.
- Keep your interests, hobbies and social contacts going – do not give them up, as they are important sources of distraction and relaxation.
- Watch out for negative emotions, especially guilt and anger – they can be very destructive.
- If you are having negative thoughts and feelings, ask yourself, "What is going through my mind to make me feel like this?" Think what advice you would give to a friend if they were feeling that way.
- Remember that you are not responsible.

What treatment is available?

General advice

If you have a drug or alcohol problem yourself, or you are trying to find information about treatment to help somebody else, then it would be natural to ask, "What kind of treatment is most effective?" Severe addiction has devastating consequences, including death, and should be dealt with just as seriously as physical disorders such as cancer. Our view is that people with addictions, including harmful use and dependency on drugs or alcohol, should

be offered the best available treatment. Although the evidence base for treatment effectiveness is still being tested, there are a number of treatments that show promising results. These are outlined below.

Often by the time that people reach treatment their situation is complex. They often have co-existing mental health problems, especially anxiety disorders and depression which may be either the cause or a result of the substance use problem. There are often adverse social circumstances or life situations which make recovery more difficult. These may include marital problems, job loss, and financial or legal problems. Some people will have physical illness as a direct consequence of their substance use. For these reasons, and because addiction itself is difficult to give up, we believe the following are important:

1. Assessment and treatment should be provided by **specialists** in the field of substance misuse and addiction. These may include addiction psychiatrists, psychologists, and addiction therapists.

2. Treatment must begin with a **thorough assessment** of all aspects of the addiction, including the full history of drug or alcohol use, and all the consequences – social, mental and physical. This should include an assessment by an addiction psychiatrist, as they are experts on mental health aspects as well as medical complications.

3. The assessment and treatment should be **tailored to the individual**, and the treatment should be planned in collaboration with the individual. The individual's background, experiences and wishes should be taken into account to plan treatment which fits their particular needs and circumstances.

Because there is no cure for addiction, there is always a risk of relapse. Periods of relapse are in fact very common see Dealing with lapses and relapse (page 21). If someone has relapsed after treatment, it does not mean that future treatment is not worthwhile. It can take several attempts at treatment before someone achieves long-term recovery.

Treatments that work

There is good evidence that the following forms of treatment are likely to be effective:

Cognitive and Behavioural Treatment (CBT)

CBT is a talking therapy that is usually delivered in one-to-one sessions with a therapist over a limited number of sessions – commonly between 6 and 15. It can also be delivered effectively in a group of 6-12 people. During CBT people identify the patterns of thoughts, feelings and behaviours that maintain their drug or alcohol use. They learn specific new strategies for breaking these patterns, and they practise these outside the therapy sessions, often keeping a diary of their experiences. CBT deals mainly with the present, rather than the past, and has a problem solving style, with the person and their therapist working in collaboration to find new solutions. CBT has been shown to be very effective for depression and anxiety disorders, and there is now good evidence that CBT tailored specifically for substance misuse can be effective treatment for both harmful use and dependent use of drugs or alcohol. Depression and anxiety problems very commonly co-exist with substance misuse, and in these cases a CBT approach can be particularly valuable.

Relapse prevention

Relapse prevention work is a core part of any treatment of substance misuse. A person's Relapse Prevention Plan can include anything which they find works for them in stopping them picking up the first drink, or seeking out drugs. However, relapse prevention is also the name of a specific therapy that is based on CBT principles. In the context of substance misuse, often the terms CBT and Relapse Prevention Therapy are used interchangeably.

Motivational Enhancement Therapy and Motivational Interviewing

These refer to specific techniques and a style of interviewing that therapists use when treating people who misuse substances. The aim is to increase the person's self-motivation to address their substance misuse and to engage fully with further treatment. It is based on client centred humanistic psychology and can be integrated well with other approaches such as CBT. It has been shown to be an effective intervention for both drug and alcohol problems.

12-Step treatment

This derives from the principles and practice of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). In the beginning of 12-Step treatment people are encouraged to accept the consequences of their substance misuse in order to build the motivation to change. They are then encouraged to search for and make use of whatever resources work for them in keeping them clean and sober. This may include using the skills learnt in other types of therapy such as CBT. It can include simple practical strategies, as well as reviewing their core values and sense of meaning in life. People are encouraged to listen to the stories of others who are in recovery and hear how they achieved it. The emphasis is upon each person finding his or her own path, but always with the help of others, whether professionals or others in recovery, with the 12-Steps of AA/NA acting as a guide. This form of treatment is at least as effective as CBT, and possibly more effective when abstinence is the required goal.

Family work

'Family' can mean all significant others, including partners and close friends as well as immediate relatives. In addiction these relationships become distorted, and sometimes damaged. Sometimes relationship problems may have preceded the addiction. The importance of acknowledging and addressing these aspects is that good relationships are a source of great support and a reason to remain well, whilst ongoing stressful relationships can lead to a risk of relapse.

Family work can take many forms, including one-to-one work between a therapist and the person with the addiction to reflect on their relationships. Often however, it includes meetings with family (or close friends), supervised by a family therapist, to explore the issues more directly. Family work also includes educating the family about addiction, how they can help, how to cope themselves and how to deal with their loved one now that they are sober.

Medications

There are several medications available which are effective treatments for preventing relapse to drinking or using drugs. The specific drugs used differ according to the substance that was used, but they include Disulfiram (Antabuse), Acamprosate, and Naltrexone. These medications are usually only effective when they form part of an overall treatment programme, which includes one or other of the treatments above, or in out-patient follow-up with an addiction specialist, which often combines the approaches above. Medication alone is unlikely to be effective.

Self-help groups

Self-help groups are not strictly 'treatment' as they are not run by professionals, but by people in recovery from addiction, looking to support each other. By far the largest of the self-help group support networks are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). There are local meetings of AA and NA in practically every town in the UK and in almost every country around the world. In large cities, there are often hundreds of different meetings occurring every day of the week, at different times, and in every suburb. There are other types of self-help groups (e.g. SMART recovery), which may be equally effective, but they are not nearly so widely distributed. For a more complete list and contact details see Support organisations and helplines (page 38).

Research indicates that getting involved with AA, NA or other self-help groups substantially increases the chances of remaining abstinent from drugs or alcohol in the long term. Some studies indicate that this involvement might double the effect of professional treatment. This is important given that the relapse risk is so high even after treatment.

Self-help groups work for individuals in a number of different ways:

- They provide a social network supporting clean and sober living.
- They allow you to hear how others 'made it' to sustained recovery.
- They provide a safe and friendly place to be in the evenings.
- They contain a lot of collective wisdom on how to achieve recovery.
- In AA and NA there are the 12-Steps which provide guidance on how to achieve recovery.
- They encourage self-responsibility and empowerment.
- They encourage making changes to lifestyle and attitudes which will support recovery.
- They are a source of new friends.

Residential vs out-patient treatment

Both residential and out-patient treatments are effective when they employ one or more of the above therapies. There has not been enough research to indicate which setting is more effective, but probably this will depend on the individual and their particular circumstances. Out-patient treatment is cheaper, but there may be considerable advantages to having residential treatment at the beginning, to increase the focus on recovery, and to provide an environment of protected abstinence during that critical early phase. However, some people may not need residential treatment, and family commitments may make it difficult. The options should always be discussed carefully with your doctor/addiction specialist.

Possible advantages of residential treatment at the beginning:

- Provides an environment of protected abstinence during critical early phase.
- Provides high level of support 24 hours a day.
- The treatment programme is usually more intensive and comprehensive than out-patient treatment.
- Living in a small community where others are also beginning recovery can be mutually supportive.
- If an in-patient 'detox' is required, then this can be done at the same place.
- Avoids a battle each morning about whether to attend the treatment centre or not, and no problems in travelling to the centre.
- Some residential treatment centres are in tranquil settings, away from the temptations of drink or drugs.
- Can provide a welcome break from stressful circumstances in the home environment – this can be helpful to both the person with a drug or alcohol problem as well as their partner or family.

For advice in choosing a residential treatment centre, refer to the advice in the section Residential treatment ('Rehab') – what to look for (page 34).

'Detox'

'Detox' refers to a medically assisted withdrawal from addictive substances. The medical aspect includes the use of prescribed medications to make the withdrawal period both safe and comfortable, and medical assessment and monitoring of any complications during that period. A medically assisted withdrawal is necessary when there is dependence on alcohol, opiates, sedatives, and sometimes other substances. There are many factors which determine whether this 'detox' needs to be conducted in a residential (in-patient) setting, or can be done safely at home. Your doctor will need

to discuss this with you. If you are dependent on alcohol or sedatives then you should not seek to 'detox' yourself without consulting a doctor. Typically the 'detox' lasts up to seven days, and for most people it goes smoothly and comfortably with proper medical support.

'Detox' is NOT a treatment for addiction however, although it is often an important first step, allowing the person to think more clearly and to see their options. It is vital that following 'detox' there is an appropriate form of treatment in place to tackle the long-standing patterns of thinking, feelings and behaviours that constitute addiction.

Residential treatment ('Rehab') – what to look for

If you are choosing residential treatment, whether you are paying or not, you will want to know that the treatment centre and the treatment programme are of a high quality, and suited to your needs. Some centres may quote success rates, and whilst this can be a good sign that they take outcomes seriously, it is not always possible to compare figures between centres because of differences in the groups of clients treated at those centres, and differences in the way the outcomes are followed up and measured.

It is advisable to gather as much information as possible about a centre, and to ask as many questions as you feel are necessary. A visit to the centre or a look at their website will often be invaluable.

The following advice on essential and desirable characteristics of residential centres is based upon three main sources - what the evidence says is effective, what professional experience has demonstrated (often referred to as 'expert opinion'), and what professional and regulatory bodies recommend for residential treatment centres.

Essential characteristics of residential treatment centres

The centre should:

- Offer evidence-based treatments.
- Be able to tailor treatment to an individual's specific needs.
- Have an appropriately qualified multi-disciplinary team – these are likely to include:
  - psychologists and therapists with specialist training in substance misuse
  - an addiction psychiatrist – for initial assessments
  - nursing staff
  - access to a general doctor (e.g. a GP)
- Be clean, safe and comfortable.
- Respect privacy and uphold high standards of confidentiality.
- Carry out a full assessment addressing all aspects of the client's substance use.
- Be able to address co-existing mental health problems.
- Seek to maximise client engagement and completion rates.
- Have treatment staff who are well trained, have regular supervision from a senior, are confident in their work and have empathy towards clients.
- Have high organisational standards. This will often be reflected in the policies and procedures of the centre, the professionalism of the staff, and how well it is managed.
- Routinely monitor its own outcomes and allow independent scrutiny of these.
- Have a treatment programme that is engaging and comprehensive, addressing all aspects of addiction – social impact, psychological impact and physical health impact.

- Assign each client an individual therapist and offer regular 1:1 sessions.
- Provide an aftercare programme, or means to arrange one for the client locally when the residential treatment finishes.
- Have an atmosphere and ethos that promote a mutually supportive community.
- Respect an individual's religious or philosophical belief systems.

Desirable characteristics

The centre should:

- Have a high ratio of staff to clients.
- Have a location or setting that fosters engagement and completion – i.e. not in an area where drugs are easily available.
- Have a range of complementary or alternative therapies for clients to choose from.
- Encourage the use of self-help groups.
- Adopt a supportive, non-confrontational style.
- Provide facilities for improving physical fitness, such as a gym.
- Provide recreational activities to encourage enjoyable living without drugs or alcohol.
- Have a treatment staff mixture that includes those in recovery and those who have no history of substance use problems.
- Offer a combination of individual and group work.
- Offer accommodation that balances the need for privacy with the need to avoid isolation.
- Offer pre-admission assessments.
- Have, or be able to offer, family work.

The European Association for Treatment of Addiction (EATA) has summarised 20 key research findings about 'what works' in residential 'rehab'. Many of those findings are included in the lists above, or elsewhere in this guide. Free copies of their publication 'Rehab – What works?' are available from www.eata.org.uk.

How effective is treatment?

Overall figures of treatment effectiveness can be misleading because individuals vary so much in the severity of their addiction, associated problems, and levels of social support. The different treatments discussed above can be delivered in a variety of forms – intensive or non-intensive, brief or extended, residential or out-patient. However, expert reviews of treatments (such as those discussed above) for alcohol and drug problems conclude that treatment, when compared to no treatment, is effective in promoting abstinence and in reducing problematic drug and alcohol usage.

In a large, high quality study in the US, people dependent on drugs or alcohol, or both, took up residential treatment programmes following 12-Step, CBT or a combination of these approaches. They began with an intensive residential stay, followed by out-patient follow-up. At one year, 36-45% were abstinent from drugs and alcohol, with those who had attended a programme that included a 12-Step approach doing better. There was a tendency for people to do better if they got involved with out-patient and self-help groups following residential treatment.

In the UK, Professor Gossop, on behalf of the National Treatment Agency for Substance Misuse (www.nta.nhs.uk), has summarised what we know about the outcomes of treatments for drug misuse, reporting that 49% of people from residential treatment programmes were abstinent from heroin after five years, and that abstinence from all drugs was 38% after five years.

WINTHROP
HALL

Winthrop Hall Cranbrook Road
Staplehurst Kent TN12 0ER
tel 0845 370 1616
fax 0845 370 1615
www.winthrophall.co.uk

The National Treatment Agency for Substance Misuse has also recently reviewed all the international evidence of treatment effectiveness for alcohol problems. They concluded that the evidence is 'strong' that treatment is effective both for harmful drinkers and those with dependence. They added that treatments are only effective if delivered in accordance with best practice, and carried out by a competent therapist.

There is also good evidence that those who get involved with self-help groups such as AA or NA after formal treatment increase their chances of making that treatment episode successful.

Support organisations and helplines

The National Alcohol Helpline:
free confidential information and advice on alcohol.
Tel: 0800 917 8282 (England and Wales),
Monday to Friday 9.00am –11.00pm

Alcoholics Anonymous:
National Helpline: 0845 769 7555
Information line: 01904 644026
Address: PO Box 1, Stonebow House, Stonebow, York, YO1 2NJ
www.alcoholics-anonymous.org.uk

Al-anon Family Groups UK and Eire:
self-help for friends and families of alcoholics.
Helpline: 020 7403 0888
www.al-anonuk.org.uk
Address: 61 Great Dover Street, London, SE1 4YF

Alcohol Concern:
Tel: 020 7264 0510.
www.alcoholconcern.org.uk

Narcotics Anonymous (NA):
helpline for anyone needing support and advice about drug addiction.
Tel: 0845 3733366 (24/7)
www.ukna.org

FRANK:
The National Drugs Helpline
Freephone: 0800 776600
Parent line number: 0808 800 2222
www.talktofrank.com

Benzodiazepine.org:
www.benzodiazepine.org

Drugscope:
Tel: 020 7928 1211
www.drugscope.org.uk

SMART Recovery:
www.smartrecovery.org and www.smartrecovery.co.uk

Useful websites:
www.turning-point.co.uk
www.na.org